PTO/SB/22 (09-06)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2006**

Docket Number (Optional)

G0744.70028US01 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) **Application Number** Filed 10/659,856-Conf. #5220 September 11, 2003 ISOLATION OF IMMUNOGLOBULIN MOLECULES THAT LACK INTER-HEAVY CHAIN DISULFIDE For BONDS Art Unit 1641 Examiner J. L. Grun This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): **Small Entity Fee** Fee One month (37 CFR 1.17(a)(1)) \$120 \$60 Two months (37 CFR 1.17(a)(2)) \$225 \$450 Three months (37 CFR 1.17(a)(3)) \$1020 \$510 1020.00 Four months (37 CFR 1.17(a)(4)) \$1590 \$795 Five months (37 CFR 1.17(a)(5)) \$2160 \$1080 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to 23/2825 . I have enclosed a duplicate copy of this sheet. Deposit Account Number I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34. 52,318 Registration number if acting under 37 CFR 1.34 May 3, 2007 Signature Date Janice A. Vatland, Ph.D. (617) 646-8000 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. Total of forms are submitted.

Certificate of Mailing Under 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

May 3, 2007

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Signature: ____

(Trish McDonald)

Approved for use through 02/28/2007. OMB 0651-0032

MAY 07 2007 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE nder the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/659,856-Conf. #5220 suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number FEE TRANSMITTAL** September 11, 2003 Filing Date Eszter Birck-Wilson First Named Inventor For FY 2007 J. L. Grun **Examiner Name** 1641 Applicant claims small entity status. See 37 CFR 1.27 **Art Unit** G0744.70028US01 **TOTAL AMOUNT OF PAYMENT** 1020.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Credit Card Other (please identify): Check Money Order None X Wolf, Greenfield & Sacks, P.C. x Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 250 300 150 500 600 300 Provisional 200 100 0 0 0 0. 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Fee Paid (\$) **Multiple Dependent Claims Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) -100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 1020.00 SUBMITTED BY \\

Signature	Jan	noc City	L-will	Registration No. (Attorney/Agent)	52,318	Telephone	(617) 646-8000
Name (Print/Type)	1 1 7	A. Vatland, Ph.	D.			Date	May 3, 2007
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